2009 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DOCUMENT # M06000007158 DIVISION OF CORPORATIONS UNIVERSAL MUSIC-MGB NA LLC 09 MAY -5 AM 11: 57 Principal Place of Business Mailing Address 245 FIFTH AVE 8TH FLOOR 245 FIFTH AVE 8TH FLOOR NEW YORK, NY 10001 NEW YORK, NY 10001 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272009 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 95-3104625 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$277.50 liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE Addition FIRTH, NICHOLAS NAME NAME 245 FIFTH AVE 8TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK, NY 10001 CITY-ST-ZIP CITY - ST - ZIP MGRP ☐ Defete ☐ Addition FRANCIS, SCOTT NAME NAME 8750 WILSHIRE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEVERLY HILL, CA 90211 CITY-ST-ZIP MGRP ☐ Defete TITLE HUBERT, LAURENT NAME 31d AN/TAX Dept STREET ADDRESS 245 FIFTH AVE 8TH FLOOR STREET ADDRESS N4 10022 CITY-ST-ZIP NEW YORK, NY 10001 CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition LIPKIN, CAROL NAME NAME STREET ADDRESS 245 FIFTH AVE 8TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10001 CITY-ST-ZIP TITLE MGRV ☐ Delete SORRENTINO, ROBERT J NAME NAME 200153879292 STREET ADDRESS 1745 BROADWAY STREET ADDRESS 04/30/09--01002--029 **277.50 CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP TITLE MGRT ☐ Delete TITLE ☐ Addition NAME ROBERTS, BRIAN C NAME STREET ADDRESS 245 FIFTH AVE 8TH FLOOR STREET ADDRESS CITY - ST - ZIP NEW YORK, NY 10001 CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

T. Hampton MAY - 6 2000